COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Enterprise Invoice Management

&

Enterprise Service Management Project

BSAS

Standard Disenrollment Assessment Manual

For Standard Disenrollment Assessment Form – Version 14

2016

Introduction

The Department of Public Health (DPH), Bureau of Substance Abuse Services (BSAS) collects client and service data via the Executive Office of Health and Human Services (EOHHS) business application, Enterprise Invoice Management-Enterprise Service Management (EIM-ESM), which is accessed through the web-based EOHHS Virtual Gateway.

Why Do We Collect this Data and Why is Accuracy Important?

At least half of the funding for substance abuse services is Federal. BSAS reports to the Substance Abuse and Mental Health Services Administration (SAMHSA).

❖ It is a federal reporting requirement that we submit this data to SAMHSA
  • The data submitted to SAMHSA is referred to as the Treatment Episode Data Set (TEDS)
  • TEDS is the ONLY national client-level database on substance abuse treatment
    ➡ The data is used by federal policymakers, researchers, and many others
  • It provides data for trend analysis, understanding characteristics of persons admitted to substance abuse treatment and client outcomes
  • It includes information on all clients admitted to programs that receive public funds

❖ Performance Management
  • Level of Care Management meeting process
  • Development of provider feedback reports
    ➡ Business Decision Support
    ➡ Analysis to determine client outcomes and to promote best practices

EIM-ESM is designed to provide timely and comprehensive reports on client characteristics at Intake and Enrollment, client status at Disenrollment, and client change between the beginning and end of the treatment episode. The data system can be used to monitor treatment time and readmission rates for the same or different substance abuse problems. An important dimension of the system is that client and fiscal information systems use the same database. As a result, program managers may obtain detailed information on the type and amount of services provided and the cost of services to specific client groups.

Goals and Objectives

The primary goal of the EIM-ESM data collection by the Bureau of Substance Abuse Services is to enhance fiscal and program management. To achieve that goal, the system has eight objectives:

1. Provide unduplicated client count
2. Provide count of client enrollments
3. Monitor usage patterns
4. Provide timely reports on client characteristics
5. Verify billing and suspend payment if necessary
6. Compute utilization rates
7. Produce budget status reports
8. Facilitate treatment and recidivism studies

Client Confidentiality

The Bureau realizes that there is concern as to client confidentiality because client names and other identifying information such as Social Security numbers (SSN) are collected by EIM-ESM. Not only does the Bureau adhere to the provision governing the confidentiality of alcohol and drug abuse patient records (Code of Federal Regulations, Chapter 42, Part II), but in addition the data is protected by HIPAA and by the Massachusetts Fair Information Practices Act. The data qualify as medical records and, therefore, cannot be requested as "public records".

The EIM-ESM security measures are robust. It is an award winning security system. The way in which the information is stored is fragmented so is not relatable. In addition, the Department of Public Health's Legal Office determined that BSAS staff, including any research or analytic staff, should have no access to the EIM-ESM interface, unless required to meet their job responsibilities – Provider Support and Technical Assistance. The very few that do have access to the interface not only abide by the strictest of Confidentiality Agreements but are housed in locked offices to assure that no one might accidently view any part of the interface.

In addition, there is a Qualified Service Organization Agreement (a signed and dated document describing the agreed upon terms of a service relationship between the licensee and the qualified service organization, which meets the requirements of 42 CFR Part 2), between DPH and EOHHS which assures that access to client screens is not permitted by any EOHHS staff supporting the EIM-ESM application.

Why is the collection of identifying information so important?
Without it the Bureau could not meet its goals: provide unduplicated client count, provide count of client enrollments, monitor usage patterns, provide timely reports on client characteristics, verify billing and suspend payment if necessary, compute utilization rates, produce budget status reports, and facilitate treatment and recidivism studies; without which accurate client outcomes would not be available to enhance treatment opportunities.

EIM-ESM also limits access to a client's enrollment information and substance abuse assessment information to the organization that is treating the client and holds the consent to enter the data into EIM-ESM.

Only the underline enrolling agency can see that the client is enrolled in a BSAS Program.

> *Tips*
> - Never email client names when contacting DPH for TA
> - Never use the client name when on a phone call with DPH for TA

Interview Assumptions

The BSAS Intake and Assessments interviews are based on two important assumptions:

1. **The Bureau's Intake/Assessment interviews are not designed as clinical interviews**. Although general descriptions of client status are obtained, the detail required for a comprehensive analysis of the client's substance abuse and related problems is not elicited. Programs, therefore, are expected to conduct more detailed clinical interviews. Collection of the Assessment data can be a part of the more comprehensive clinical interview.

2. **Many of the interview items are designed as prompts.**
   A specific question format is not provided. Clinicians are free to ask the questions in their own style and format. The only constraint is that all required questions must be asked and an answer provided even when it is "unknown' or "refused".

STANDARD DISENROLLMENT ASSESSMENT

All questions marked with a ▶ are required and must be completed.

▶ ESM Client ID

The Client ID is automatically assigned when the client is entered into the ESM-EIM system. This number should be recorded on the Intake and Assessment forms *after the data is entered* into EIM-ESM system. This is helpful information to have in the client record when verifying the data in the system or when communicating with the Bureau regarding the specific client's case and/or billing as the Bureau does not have access to the name.

Provider ID

This field is to be used by the provider in any way that is helpful to them in the management of client records. This is not entered into the EIM-ESM system.

▶ Disenrollment Date

Enter the date that the client was disenrolled/discharged from the program. Enter the date using the MM/DD/YYYY format, for example: 06/01/2007.

> - The Disenrollment Date is the last day the client received face-to-face service (session).
> - It is not the date the record was closed (unless of course it is closed on the same day.)

▶ Disenrollment Reason

Check only one box. Select form the following choices:

- **Assessment:** Client was Assessed but never treated. Client was determined not to be appropriate for substance abuse treatment after assessment due to absence of substance problem.

- **Completed:** Client met <u>treatment plan</u> goals and objectives. This could be a contracted number of sessions. Treatment plan goals and objectives could change over the course of the treatment episode.

- **Drop Out:** Clients are dropouts if they a) leave treatment without a closing contact (the contact may be by telephone); b) are absent from treatment for 90 days; or c) leave before the treatment plan on contract is completed.

- **Relapsed:** Use of alcohol and/or illicit drugs while in the program.

- **Administrative/non-compliance:** Active violation of program policies or rules (other than for use of alcohol or drugs, see "relapse").

- **Incarcerated:** A client who is discharged because he/she enters a prison, jail, or correctional facility.

- **Transferred to other substance abuse program:** Client is moved to another program of the same Level of Care.

☐ **Hospitalized, Medical:** Client's medical condition is such that he/she requires hospitalization.

☐ **Hospitalized, Mental Health:** Client's mental health condition is such that he/she requires psychiatric hospitalization.

☐ **Inappropriate:** Client requires a more intensive Level of Care.

☐ **Moved:** Client moves out of geographical area.

☐ **Deceased:** Client passed away while receiving treatment at your program.

First Name/Middle Initial/Last Name/Suffix

While the client name is only entered into the Application at Intake, writing the full legal names on the Enrollment and Disenrollment Assessment forms is good record management.

▶1. Client Code

Repeat the Client Code as entered on the Enrollment Assessment. It is a five character code composed of capital letters from the individual's full name:
1. First letter of the client's first name
2. Third letter of the client's first name
3. Middle initial (If non, enter 4)
4. First letter of the client's last name
5. Third letter of the client's last name

The Client Code was used to monitor multiple enrollments across years when EIM-ESM was not implemented and there was no unique Client ID assigned by a system. This is also used by the Federal funding source, The Center for Substance Abuse Treatment, CSAT, to link records across years when monitoring substance abuse treatment utilization and trends.

If the individual's first or last name does not have three letters, use a 4 in place of the third letter. Be sure to base the Client Code on the individual's *full legal name.* Do not use shortened names, such as Bill for William or nicknames such as Buddy. Also, try to obtain the middle initial. Taking these steps will ensure the quality of data analysis where the Client Code is being used, in part, to uniquely identify clients.

▶2. Intake/Clinician Initials

Enter the initials of the clinician who conducted the Assessment interview.

▶3. Client's Type

Select either Primary or Collateral

- In traditional outpatient (ambulatory) programs, a client may be either primary or collateral.
- A Primary Client is defined as: a person who received treatment for their personal substance abuse problem(s).
- A Collateral Client is defined as: a person who received help because of a family member's or a friend's substance abuse problem(s).
- Collateral clients may also have significant personal problems involving drugs and/or alcohol. If a collateral client decides to begin treatment for their own substance abuse, they should be disenrolled as collateral client and re-enrolled as a primary client.
- For TSS and CSS the client is always primary.

▶4. Disenrollment / Discharge Plan

Check one box. Select either 'Yes' or 'No'.
The choices are:

- ☐ **1** Yes
- ☐ **2** No

The client must be aware of his/her discharge plan.

▶5a. Referred to Self Help

Check one box. Select either 'Yes' or 'No'.
The choices are:

- ☐ **1** Yes
- ☐ **2** No

This question should be answered as 'Yes' if the client is referred to self help at any point in the course of treatment.

▶5b. Frequency of Attendance at Self-help Programs

Record the number of times the client attended a self-help program (e.g. AA, NA etc…) in the past 30 days or since enrollment if in treatment less than 30 days.

The choices are:

    01- No attendance in the past month
    02 - 1-3 times in past month (less than once per week)
    03 - 4-7 times in past month (about once per week)
    04 - 8-15 times in past month (2 or 3 times per week)
    05 - 16-30 times in past month (4 or more times per week)
    06 - Some attendance in past month, but frequency unknown
    99 - Unknown

►6.   Client Referrals at Disenrollment

You must pick at least one referral for the client (**Referral #1**). Also indicate if you made additional referrals (**Referral #s 2 & 3**) to <u>other types</u> of programs/services.

> Please pay close attention to the code numbers as series of numbers have been discontinued, some choices edited and *New* choices added.

The choices are:

00   *Change* Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal Treatment.

95   *New* Referral Not Needed – Appropriate Mental Health Clinical Services Already in Place.

96   *Change* Referral Not Needed – Appropriate Substance Abuse Clinical Services Already in Place

97   Referral Not Made – Client Dropped Out

98   Referral Attempted – Not Wanted by Client

01   Self, Family, Non-medical Professional

02   BMC Central Intake – Room 5

03   ATS – Detox

04   TSS – Transitional Support Services

05   CSS/CMID – Clinical Stabilization Services

06   Residential Treatment *Substance Abuse Residential such as Halfway House, Therapeutic Community, Family Residential Program*

07   Outpatient Substance Abuse Counseling

08   Opioid Treatment *Includes Methadone Treatment, Office-based Suboxone Treatment*

09   Drunk Driving Program *Includes First Offender Driving Alcohol Education and Second Offender (2-week Residential DUIL) Programs*

10   Acupuncture

11   Gambling Program
   12 & 13 Discontinued

14   Sober House *Living situation, no treatment within House*
   15 Discontinued

16   *New* Recovery Support Centers

17   Second Offender Aftercare *Outpatient (follows 2 week DUIL Residential Program)*

18   Family Intervention Program *Programs designed to work with family members/concerned others to engage substance abuser to enter treatment*

19   Other Substance Abuse Treatment

20   *Change* Health Care Professional, Hospital

21   Emergency Room

22   HIV/AIDS Programs

23   Needle Exchange Program
   24 – 25 Discontinued

26   *New* Mental Health Professional
   27 – 29 Discontinued

30   School Personnel, School System, College

31   *New* Recovery High School
   32 – 39 Discontinued

40   Supervisor/Employee Counselor
   41 – 49 Discontinued

50   Shelter

51   Community or Religious Organization

52 – 58 Discontinued
59   Drug Court
60 - 63 Discontinued
64   Prerelease, Legal Aid, Police
65 – 67 Discontinued
68   Office of the Commissioner of Probation
69   Massachusetts Parole Board
70   Department of Youth Services
71   Department of Children and Families (formerly Department of Social Services)
72   Department of Mental Health
73   Department of Developmental Services (formerly Department of Mental Retardation
74   Department of Public Health
75   Department of Transitional Assistance
76   Department of Early Education and Care
77   Massachusetts Rehabilitation Commission
78   Massachusetts Commission for the Blind
79   Massachusetts Commission for the Deaf and Hard of Hearing
80   Other State Agency
81   Division of Medical Assistance/MassHealth
99   Unknown

- Note there are three categories of **Referral Not Needed**
    o **00** – *Change* -Assessment indicates that client does not require entering formal treatment.
    o **95** – *New* – Appropriate <u>Mental Health</u> clinical services already in place (i.e., clinician did not make the referral).
    o **96** – *Change* - Appropriate <u>Substance Abuse</u> clinical services already in place (i.e., clinician did not make the referral).

- Also pay attention to the difference between Referral Not Made and Referral Attempted
    o **97 – Referral Not Made –** Client dropped out of treatment before a referrals was in place.
    o **98 –** Referral Attempted – Client refused clinician's attempt to make a referral.

What determines your making a referral:
- Action steps taken by you the Clinician on behalf of the client that resulted in an active referral (e.g. appointment is in place).
- Simply providing the client with information of services available (e.g. handing a brochure to the client) does not qualify as a referral.

▶7. Employment Status at Disenrollment

This item is a National Outcome Measure; reporting is required by SAMHSA.

Enter one of the following codes:

1 Full-time Employment – Working 35 hours or more each week, including active duty members of the uniformed services.

2 Part-time Employment – Working fewer than 35 hours each week.

3 Unemployed-Looking for Work – Looking for work during the past 30 days or on layoff from a job.

4 Unemployed-Not Looking for Work – Not looking for work during the past 30 days.

5 Not in labor Force-Student

6 Not in labor Force-Retired

7 Not in labor Force-Disabled

8 Not in labor Force-Homemaker

9 Not in labor Force-Other

10 Not in labor Force - Incarcerated

11 Volunteer

12 Other

13 Maternity/Family Leave

99 Unknown

> - If the individual has not been in the labor force for many years (such as many homeless individuals), code as 'Not in labor Force-Other'.

▶8. Number of days worked

Enter the number of days worked in the past **30 days or since Enrollment** if in treatment less than 30 days. *If Unknown, use 99.*

▶9. Number of Arrests

This is a National Outcome Measure, reporting is required by SAMHSA

Enter the number of arrests in the past **30 days or since Enrollment** if in treatment less than 30 days.

> **A Section 35 is not an arrest.**

Collateral Clients Stop Here

▶10. Indicate the Social and/or health services provided to the client during Treatment – While in your Program

Many substance abuse programs provide a range of social and medical services to the client *during* treatment in your program. Some of these service may be provided directly be the substance abuse treatment program/agency and some may be provided by other programs/agencies or independent professionals.

> Why we ask the question and what we want to know:
>
> The purpose of this question is to collect an accurate report of all the services a client received during treatment, whether or not your program provided the service(s), taking a holistic approach to supporting recovery.

All listed social and health services must have one of the following entered:
   0 = Not Provided
   1 = Provided by your Agency
   2 = Provided by Another Agency
   3 = Provided by Both your Agency and Another Agency

The Social/health Services are:

- **Legal Aid/Services:** This includes services provided to assist the client with his/her legal needs. This also includes programs' contact with parole or Probation Officers, DCF meetings, and transportation to court.

- **Drug Testing:** Includes testing for evidence of illicit substances used by the client (e.g. urine drug screening).

- **Treatment for Medical Problem:** Includes medical care for a physical problem. It does not include treatment for tuberculosis or sexually transmitted disease as those services are listed separately (see below).

- **Treatment for Emotional Problem:** Includes special counseling/treatment for specific emotional/mental health problems other than those that usually result from substance abuse, for example, psychiatric consultation or specialized groups for PTSD.

- **Nicotine Replacement Therapy:** Includes services specifically provided to assist the client with the cessation of smoking.

- **Medication for Medical Problem:** Includes medication provided to the client to treat a medical condition during the course of treatment.

- **Medication for Emotional Problem:** Includes medication provided to the client to treat an emotional/mental health condition during the course of treatment.

- **Housing:** Services provided to the client in order to secure permanent or transitional housing (i.e., tenancy preservation). This does not pertain to residential treatment.

- **GED**: Client engaged in the acquirement of GED.

- **Vocational Training**: Client engaged in specific vocational course such as Certified Nursing Assistant Program.

- **Family Planning**: Services specifically provided to assist the client with her/her family planning needs (e.g. birth control education).

- **Child Care:** Child care provided by the treatment program or arranged for by the program but provided by another agency.

- **Literacy Services**: Includes services that teach the client how to read and/or write.

- **English as Second Language**: Includes services that teach individuals whose primary language is not English how to speak and/or read and write in English.

- **Job Placement/Referral**: Includes services specifically provided to assist the client in getting a job, such as how to write a resume, what to do on a job interview, or how to conduct a job search.

- **Financial Counseling:** Includes services to teach client money management skills.

- **Prenatal Care:** Medical services provided specifically for monitoring a client's pregnancy.

- **Postpartum:** Postpartum is defined as the period between delivery and up to one year post delivery.

- *Change* **Medication for Withdrawal:** services specifically provided to assist the client with withdrawal from alcohol and/or drugs (not comfort medications such as Tylenol). This would refer to not only inpatient (ATS/detox) protocols but also Medication-Assisted Treatment used as a detox protocol (versus maintenance) in either an outpatient or doctor office setting.

- **TB Testing**: This does not pertain to screening or assessment. If the screening and assessment were positive, then the client likely would require a TB test (e.g. Mantoux test)

- **TB Treatment:** Medication specifically for TB was administered to the client while in your program.

- **STD/STI*, HIV, Hep C Testing**: This does not pertain to the screening and assessment for STD/HIV/Hep C. But if any of the screening and/or assessments were positive, then the client would likely require a test to determine if he/she has and either or an STD, HIV, Hep C.

- **STD/STI*, Hep C Treatment:** Medication specifically for either or a STD, HIV, Hep C was administered to the client while in your program.

- *New* **Parenting Classes:** Classes specific for parents to learn about caring for their children.

- *New* **Medication-Assisted Treatment:** The utilization of pharmacological interventions often in combination with non-pharmacological treatment services to decrease craving and relapse in order to assist persons with substance use disorders to attain and maintain abstinence from alcohol and illicit drug use. Pharmacological agents include, but are not limited to, opioid agonist medications such as methadone and buprenorphine and antagonist medications such as naltrexone. Examples of medically assisted therapy programs include Opioid Treatment Programs, office based opioid treatment programs, and programs licensed under 105 CMR 164.200 or 105 CMR 164.300.

Tip: If MAT is used as a detox protocol, **both** MAT and Withdrawal Medications should be checked.

*STI – Sexually Transmitted Infection

►11. Currently receiving services from a state agency

Is the client currently receiving one or more of the state services listed below?
Check all that apply.
The choices are:

- ☐ **None** No State Services were received by the client.
- ☐ **DCF:** Department of Children and Families/ formerly Department of Social Services
- ☐ **DYS:** Department of Youth Services
- ☐ **MPB:** Massachusetts Parole Board
- ☐ **OCP:** Office of the Commissioner of Probation (MA)
- ☐ **DMH:** Department of Mental Health **-** this **does not pertain to all dual diagnosis** clients. Clients eligible for DMH services are severely and persistently mentally ill. A DMH client would be provided with case management services by DMH.
- ☐ **DDS:** Department of Developmental Services / former Department of Mental Retardation
- ☐ **DPH:** Department of Public Health **- other than substance abuse – we know that they are receiving substance abuse in that they are in your program (e.g. HIV/STD, WIC)**
- ☐ **DTA:** Department of Transitional Assistance (e.g. Food Stamps, TANF)
- ☐ **DMA:** Department of Medical Assistance (e.g. MassHealth)
- ☐ **MRC:** Massachusetts Rehabilitation Commission
- ☐ **MCB:** Massachusetts Commission for the Blind
- ☐ **MCDHH:** Mass Commission for Deaf and Hard of Hearing
- ☐ **Other:** Some other State Agency

- **Note here that OCP, MPB, and DMA have been reinserted.**

- **WHY: A client might have come in without Medicaid so it would not have been checked, but while in treatment in your program the client's Medicaid was approved. They came in without insurance but left with insurance. – Good outcome.**

►12. Living arrangement at Disenrollment

This item is a National Outcome Measure, reporting is required by SAMHSA
Check only one box. Select the answer that best describes the living situation for the client at disenrollment.

The choices are:
- ☐ House or apartment
- ☐ Room/boarding/sober house
- ☐ Institution (i.e., nursing home, criminal justice)
- ☐ Group home/treatment (e.g. recovery home)
- ☐ Shelter/mission
- ☐ On the streets
- ☐ Foster Care
- ☐ Refused
- ☐ Unknown

15

►H1. Was the client Homeless at Intake/Enrollment (whether or not chronic)?

Check one box. Select either 'Yes' or 'No'.

If the answer to H1 is 'Yes' then it is required to complete H2 and H3. If the answer is 'No', skip to Question 13.

H2.   Detailed Living Arrangement at Disenrollment
1.   Emergency shelter
2.   Transitional housing for homeless persons
3.   Permanent housing for formerly homeless
4.   Psychiatric hospital or other psychiatric facility
5.   Substance abuse treatment facility or detox
6.   Hospital (non-psychiatric)
7.   Jail, prison or juvenile detention facility
8.   Don't know
9.   Refused
10. Rental room/house/apartment
11. Apartment or house that you own
12. Living with family
13. Living with friends
14. Hotel or motel paid for without emergency shelter voucher
15. Foster care home or foster care group home
16. Place not meant for habitation
17. Other

H3.   Permanence of Living Arrangement at Disenrollment
- ☐ Permanent
- ☐ Transitional
- ☐ Refused
- ☐ Unknown

►13. ⚡ Has there been any drug or alcohol use in the last 30 days or since Enrollment if in treatment less than 30 days?
This item is a National Outcome Measure, reporting is required by SAMHSA
Check one box. Select either 'Yes' or 'No'.

If the answer to Question 13 is 'Yes', fill out Questions 14a, 14b and 14c. If the answer to Question 13 is **'No' skip to Question 17.**

- If there has not been any drug use since enrollment <u>in your program</u>, **DO NOT** list a primary, secondary, or tertiary drug
- **If the client left treatment unexpectedly, base answer on last face-to-face session.**

14a.　　　　Primary Substance

What substance did the client use primarily within the last 30 days or <u>since Enrollment</u> if in treatment less than 30 days? Select from the following codes:

The choices are:

A	Alcohol
B	Cocaine
C	Crack
D	Marijuana / Hashish
E	Heroin
F	Prescribed Opiates – Misuse/non-medical use of pharmaceutical opiates which were prescribed for the client
G	Non-prescribed opiates – Non-medical use of pharmaceutical opiates which were not prescribed for the client
H	PCP
I	Other Hallucinogens
J	Methamphetamine
K	Other Amphetamines
L	Other Stimulants
M	Benzodiazepines
N	Other Tranquilizers
O	Barbiturates
P	Other Sedatives / Hypnotics
Q	Inhalants
R	Over the Counter
S	Club Drugs
U	Other

14b.　　　Frequency of Use

Report the frequency of primary substance use in the last 30 days or <u>since Enrollment</u> if in treatment less than 30 days. Select from the following codes:

The choices are:

1	No use during last 30 days or since enrollment
2	1-3 times during the last 30 days or since enrollment
3	1-2 times per week during the past 30 days or since enrollment
4	3-6 times per week during the past 30 days or since enrollment
5	Daily during the past 30 days or since enrollment
7	Unknown

14c.　　　Route of Administration

Report the route of administration used for the primary drug. Select from the following codes:

1	Oral (swallow and/or chewing)
2	Smoking
3	Inhalation
4	Injection
5	Other

15. Did the client use a secondary drug during the last 30 days or since Enrollment if in treatment less than 30 days?

Select either 'Yes' or 'No'. If Yes, answer Questions 15a, 15b and 15c. If 'No', skip to Question 17.

15a. Secondary Substance

What secondary substance did the client use within the last 30 days or since Enrollment if in treatment less than 30 days? Utilize the codes from Question 14a.

15b. Frequency of Use

Report the frequency of secondary substance use within the last 30 days or since Enrollment if in treatment less than 30 days. Utilize the codes from Question 14b.

15c. Route of Administration

Report the route of administration used for the secondary drug. Utilize the codes from Question 14c.

16. Did the client use a tertiary drug during the last 30 days or since Enrollment if in treatment less than 30 days?

Select either 'Yes' or 'No'. If Yes, answer Questions 16a, 16b, and 16c. If 'No', skip to Question 17.

16a. Tertiary Substance

What tertiary substance did the client use within the last 30 days or since Enrollment if in treatment less than 30 days? Utilize the codes from Question 14a.

16b. Frequency of Use

Report the frequency of tertiary substance use within the last 30 days or since Enrollment if in treatment less than 30 days. Utilize the codes from Question 14b.

16c. Route of Administration

Report the route of administration used for the tertiary drug. Utilize the codes from Question 14c.

►17a. Did the client use nicotine/tobacco since Enrollment?

Check only one box.   If the answer to Question 17a is 'Yes', answer Questions 17b, 17c and 17d. If the answer is no, assessment is complete.

The choices are:
- ☐   Yes
- ☐   No
- ☐   Refused
- ☐   Unknown

17b.   Number of cigarettes currently smoked per day

Indicate the number of cigarettes, not number of packs.
If client uses another type of nicotine/tobacco product, mark Zero (0) and go to Questions 17c&d.

> 1 pack = 20 cigarettes

17c.   Interest in stopping nicotine/tobacco use
Check only one box.

The choices are:
- ☐ **1** No
- ☐ **2** Yes, within 6 months
- ☐ **3** Yes, within 30 days
- ☐ **4**   Does not apply (already stopped)
- ☐ **88** Refused
- ☐ **99** Unknown

17d.   While in this program, did the client attempt to stop using nicotine/tobacco?
Check only one box.

The choices are:
- ☐ **01** Yes
- ☐ **02**   No
- ☐ **88** Refused
- ☐ **99** Unknown